| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 155697 | A. BUILDING 00<br>B. WING | 07/20/2012 |

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| CLARK REHABILITATION AND SKILLED NURSING CENTER | 517 N LITTLE LEAGUE BLVD<br>CLARKSVILLE, IN 47129 |

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| F0000 | This visit was for Investigation of Complaint IN00112646.<br><br>Complaint IN00112646 - Substantiated. Federal/state deficiencies related to the allegations are cited at F257, F309, F514, and F517.<br><br>Unrelated deficiency is cited.<br><br>Survey dates: July 18, 19, and 20, 2012<br><br>Facility number: 000059<br>Provider number: 155697<br>AIM number: 100266560<br><br>Survey team: Jennie Bartelt, RN<br><br>Census bed type:<br>SNF: 4<br>SNF/NF: 66<br>Total: 70<br><br>Census payor type:<br>Medicare: 9<br>Medicaid: 49<br>Other: 12<br>Total: 70<br><br>Sample: 9<br><br>These deficiencies reflect state findings | F0000 | This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review on or after August 17, 2012. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | cited in accordance with 410 IAC 16.2.<br><br>Quality review completed on July 25, 2012 by Bev Faulkner, RN | | | |

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| F0257 SS=E | 483.15(h)(6)<br>COMFORTABLE & SAFE TEMPERATURE LEVELS<br>The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F<br><br>Based on observation, interview, and record review, the facility failed to ensure residents' room environments were maintained in comfortable temperature ranges for 4 of 4 residents in whose rooms were observed to have temperatures outside the range of 71 to 81 degrees Fahrenheit in the sample of 9. (Residents C, F, G, and H)<br><br>Findings include:<br><br>During interview on the Initial Tour on 7/18/12 at 4:35 p.m., the Interim Administrator indicated the facility recently had problems with the air conditioning system. She indicated the system had malfunctioned on Friday (7/13/12), was repaired on Saturday (7/14/12), but a power surge in the city on Tuesday morning (7/17/12) had caused another malfunction of the system. She indicated the facility's regular heating and cooling service provider, and another heating and cooling service provider, had repaired the system on Tuesday (7/17/12). She indicated supplemental portable air conditioners and large floor fans had been | F0257 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident C has been moved to a room that is within normal temperature range of 71-81 degrees. · Resident F's PTAC unit has been repaired and is within normal temperature range of 71-81 degrees. · Resident H's room is within normal temperature range of 71-81 degrees. · Resident G's room is within normal temperature range of 71-81 degrees. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? · All residents have the potential to be affected by the alleged deficient practice. · All PTAC units within the facility were checked on or by 8/13/12 to ensure proper functioning. · All rooms within the facility were checked on or by 8/13/12 to ensure temperatures were within normal range of 71-81 degrees. · Hot water pipes within the facility have been checked on or by 8/3/12 and all pipes indicating leaks have been repaired by 8/3/12. · A temporary chiller unit will be | 08/17/2012 |

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| | installed in the hallways in the meantime. She indicated she had been told that the system was repaired at midnight on 7/17/12 and would be functioning at maximum cooling capacity at midnight on 7/18/12. A portable air conditioner with a large floor fan nearby was observed on Front Hall, Hall 20, and Hall 40. A large floor fan was observed on Hall 60. A thermometer on the wall near the portable air conditioner on the 40 hall registered 80 degrees Fahrenheit (F). The Interim Administrator indicated the halls and resident rooms are cooled by the facility's chillers, with in-room control of temperature at PTAC (Packaged Terminal Air Conditioner) units. She indicated the Main Dining Room and Therapy Room are cooled by separate air conditioning units, and the Main Dining Room and Therapy Room were cool when the remainder of the building became warm during the malfunction of the chiller system. The Interim Administrator indicated residents had been encouraged to spend time in the Main Dining Room and Therapy Room during the problem, families had been notified of the problem, fans had been placed in residents' rooms, and some residents had complained. The Interim Administrator indicated temperatures in the hallways were being tracked. The Interim Administrator indicated Resident C was in process of | | delivered on or by 8/13/12 to ensure the temperatures within the building are between 71-81 degrees while the repairs to our existing chiller unit take place, ensuring our current system will permanently reach its maximum cooling potential. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?<br>·Resident rooms on each hall and common areas will be checked by Maintenance/Designee daily to ensure temperature is maintained between 71-81 degrees.<br>·All PTAC units within the facility were checked on or by 8/13/12 to ensure proper functioning.<br>·All rooms within the facility were checked on or by 8/13/12 to ensure temperatures were within normal range of 71-81 degrees.<br>·Hot water pipes within the facility have been checked on or by 8/3/12 and all pipes indicating leaks have been repaired by 8/3/12.<br>·A temporary chiller unit will be delivered on or by 8/13/12 to ensure the temperatures within the building are between 71-81 degrees while the repairs to our existing chiller unit take place, ensuring our current system will permanently reach its maximum cooling potential.<br>How the corrective action will be monitored to ensure the deficient | |

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| | moving out of her room to another room, as her room was too warm, and packed belongings were observed in the hallway near the resident's room.<br><br>During interview on 7/18/12 at 7:00 p.m., the Interim Administrator indicated her goal temperature for all areas of the building was between 71 and 81 degrees Fahrenheit. She reiterated that logs were being maintained for temperature in the hallways, and that the system would be at its peak potential at midnight.<br><br>During interview on 7/20/12 at 1:20 p.m., the Interim Administrator indicated she had not yet received the expected bid from the facility's heating and air service contractor related to the final repair of the facility's air conditioning system. She indicated she was expecting it to come at any time.<br><br>1. During observation in the room of Resident F on 7/18/12 at 5:20 p.m., a temperature gauge reading indicated 85.9 degrees F when measured in the vicinity where Resident F was seated in his wheel chair near the PTAC unit. No fan was observed in the room, and Resident F had no water or water pitcher nearby. Air was blowing from the unit, but the air did not feel cool to the touch. During interview at the time, Resident F | | practice will not recur, i.e., what quality assurance program will be put into place?<br>· Maintenance Director/Designee will provide operation checks to the chiller system to ensure proper functioning weekly x 4, bi-weekly x 2 months, monthly x3 and quarterly thereafter for 2 consecutive quarters.· Maintenance Director/Designee will provide operation checks on the PTAC units in resident rooms to ensure proper functioning weekly x4, bi-weekly x2 month, monthly x3 and quarterly thereafter for 2 consecutive quarters.· Maintenance Director/Designee will keep a temperature log to ensure the building is within normal temperature range weekly x4, bi-weekly x2 months, monthly x3 and quarterly thereafter for 2 consecutive quarters. · The results of these audits will be reviewed by the CQI committee. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. | |

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| | indicated he had opened his windows earlier in the day to try to get some cool air, but "me and the lady that runs this place talked," and she told him to close the windows so the PTAC could cool the room. The resident indicated, "I'm sweating like a dog" and "It's too hot to sleep." He indicated the air coming from the air conditioning unit was not cool. The resident indicated he kept wiping his face with a wet wash cloth to keep cool, and he pointed to a wash cloth folded on the PTAC. The resident indicated he did not have water glass or water pitcher in his room. The resident indicated the pitcher and cup on the overbed table next to the roommate's bed belonged to the roommate.<br><br>At this time, the Interim Administrator entered the room and discussed the room temperature, lack of fan, and lack of ice water for Resident F. At this time, Resident F indicated he did not like the taste of the water at the facility. The Interim Administrator indicated the facility did not have bottled water. Other fluids were not offered. The Interim Administrator left the room, and at 5:25 p.m., LPN #11 entered the room with ice water for Resident F's roommate, and the Interim Administrator entered with water for Resident F. The Maintenance Supervisor also entered the room, | | | |

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| | bringing a temperature gauge device, and he indicated the temperature was 88 degrees F. The Maintenance Supervisor checked the PTAC and indicated it "doesn't seem open - it's not clicking water through." The Maintenance Supervisor indicated the unit was not actually a PTAC, although staff tended to call it a PTAC, but the unit was part of the chiller system, which operates by chilled fluid flowing through the system, with controls room by room to adjust the temperature in residents' rooms. The Maintenance Supervisor obtained tools, removed the front of the air conditioning unit, made adjustments, and air cool to the touch began to flow from the unit. The Interim Administrator brought in and set up a fan in the resident's room.<br><br>2. During interview on 7/18/12 at 5:35 p.m., Resident C indicated her room was too hot for her to stay in. She indicated it was so hot the night before, she had to have ice placed on her body to stay cool. She indicated she has respiratory problems, and the hot, humid air made it impossible for her to breathe easily and sleep. Two fans were observed blowing on the resident. The resident's family member was at the bedside and indicated he had told the facility two months ago when the air conditioning system was first turned on that the system was not | | | |

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| | functioning properly. The family member indicated the contractor who fixed the system "put on a band-aid" instead of fixing the system as needed. The family member indicated he took a temperature reading in the resident's room last evening when he arrived at the facility. He indicated the room was 105 degrees. The family member indicated he was sorry, but he "went off" on the nurses about the problem. The resident and the family member indicated she was preparing for a move to another room which was cooler. The family member indicated the problem with the air conditioning was compounded by a leak of hot water under the facility. The floor was observed to be warm to the feet through the soles of the shoes.<br><br>On 7/18/12 at 7:55 p.m., another interview was completed with Resident C. The resident indicated she was waiting for the aides to bring the Hoyer lift to transfer her to her wheel chair and take her bed to her cooler room. When CNA #12 entered with the lift, Resident C indicated she was "having trouble breathing," and she needed a breathing treatment before the move. LPN #29 entered the room to administer the treatment. The temperature in the room measured 87 degrees F. | | | |

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| | On 7/18/12 at 8:40 p.m., Resident C was observed during transfer from bed to wheel chair by Hoyer lift. During the transfer, as the resident was lowered into the chair, the resident indicated, "I can't breathe. Let me breathe." The temperature in the room measured 86.6 degrees F. The resident was wheeled out of the room at least four hours after the initial plan for the move to a cooler location.<br><br>3. On 7/18/12 at 6:55 p.m., the temperature in the room of Residents G and H was measured at 86 degrees F. Resident G was observed in bed with privacy curtains partially closed around his bed. His eyes were closed, and his respirations were even. His supper tray was on his overbed table in front of him. At 7:05 p.m., the Maintenance Supervisor measured the temperature at 94 degrees F in the room. During interview at this time, he indicated the hot water leak affecting Resident C's room was also affecting this room. He indicated his temperature measurement was related to the device taking a temperature reading from the floor of the room.<br><br>On 7/18/12 at 8:00 p.m., Resident H had returned to his room. He was seated in his wheel chair manipulating oxygen tubing for his nasal cannula. Resident H | | | |

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| | indicated, "It's pretty daggone hot - hotter than fire - in here." He indicated he had opened the window to get air. At this time, the Interim Administrator entered the room and offered to move Residents H and G to a cooler room, but both indicated they wanted to stay in their own room. Resident H said about Resident G, "He can take the heat better than I can." CNA #12 entered the room to remove Resident G's tray. She asked Resident G, "Are you hot, too?" She indicated he didn't eat much except his dessert for supper.<br><br>This federal tag relates to Complaint IN00112646.<br><br>3.1-19(h) | | | |

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| F0309 SS=D | 483.25<br>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br><br>Based on observation, record review and interview, the facility failed to ensure residents were thoroughly assessed, including vital signs, when an air conditioning malfunction caused residents' rooms to be unusually warm. The deficient practice affected 2 of 2 residents reviewed related to respiratory diagnoses in a sample of 9 (Residents C and E)<br><br>Findings include:<br><br>During interview on the Initial Tour on 7/18/12 at 4:35 p.m., the Interim Administrator indicated the facility recently had problems with the air conditioning system. She indicated the system had malfunctioned on Friday (7/13/12), was repaired on Saturday (7/14/12), but a power surge in the city on Tuesday morning (7/17/12) had caused another malfunction of the system. She indicated the facility's regular heating and cooling service provider, and another heating and cooling service provider, had | F0309 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?· Resident C has been moved to a room that is within normal temperature range of 71-81 degrees and monitoring daily to ensure no signs and symptoms of distress.<br>· Resident E's room is within normal temperature range of 71-81 degrees. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?<br>·All residents have the potential to be affected by the alleged deficient practice.<br>·The licensed nurses will be in serviced by the DNS/designee on or by 8/14/12 on licensed staff resident care rounds to identify potential change in condition, including assessing residents daily.<br>·All residents will be assessed thoroughly when the building exceeds 81 degrees, with vitals taken, to ensure the comfort and safety of the resident. The | 08/17/2012 |

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| | repaired the system on Tuesday (7/17/12). She indicated she had been told that the system was repaired at midnight on 7/17/12 and would be functioning at maximum cooling capacity at midnight on 7/18/12.<br><br>1. During interview on 7/18/12 at 5:35 p.m., Resident C indicated her room was too hot for her to stay in, since the air conditioning was not working correctly. She indicated it was so hot the night before, she had to have ice placed on her body to stay cool. She indicated she has respiratory problems, and the hot, humid air made it impossible for her to breathe easily and sleep. Two fans were observed blowing on the resident. The resident's family member was at the bedside and indicated he took a temperature reading in the resident's room last evening when he arrived at the facility. He indicated the room was 105 degrees. The resident and the family member indicated she was preparing for a move to another room which was cooler. The family member indicated the problem with the air conditioning was compounded by a leak of hot water under the facility. The floor was observed to be warm to the feet through the soles of the shoes.<br><br>The clinical record for Resident C was reviewed on 7/19/12 at 12:45 p.m. The | | physician will be contacted for those presenting with a change in condition for further orders.<br>·The DNS/Designee will be responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?<br>·The licensed nurses will be in serviced by the DNS/designee on or by 8/14/12 on licensed staff resident care rounds to identify potential change in condition, including assessing residents daily.<br>·All residents will be assessed thoroughly when the building exceeds 81 degrees, with vitals taken, to ensure the comfort and safety of the resident. The physician will be contacted for those presenting with a change in condition for further orders.<br>·The DNS/Designee will be responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?<br>·The CQI tool for change in condition will be utilized weekly x 4 weeks, bi-weekly x 3 months, | |

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| | resident's diagnoses included, but were not limited to, end stage renal disease, pneumonia, obstructive sleep apnea, diabetes, coronary disease, anemia, chronic pain syndrome, seizure disorder, and anxiety.<br><br>An Emergency Room Consult, dated 6/1/12, indicated the resident was admitted to the hospital on that date related to an acute chronic obstructive pulmonary disease/pneumonia exacerbation. The resident was intubated and placed on a ventilator.<br><br>The Observation Report for Admission/Readmission, dated 6/8/12, indicated the resident returned to the facility on that date.<br><br>Progress Notes, dated 7/17/12, indicated the following after 7:00 p.m. on that date:<br><br>at 7:14 p.m., "...No S&S [signs and symptoms] of dehydration noted. Cool rags and ice packs applied to resident to keep resident cool...."<br><br>at 10:09 p.m., "Res refused to get up and go to the mdr [Main Dining Room] or to the therapy gym. Res is in room with 2 fans and ice packs on her head, neck and other parts of her body. V/S [vital signs] WNL [within normal limits] no S/S of | | monthly x 3 months, and quarterly thereafter for 2 consecutive quarters.<br>·Findings from the CQI process will be reviewed monthly and an action plan will be implemented for thresholds below 95%. | |

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| | dehydration noted mucous membranes pink and moist skin turgor good extra fluids offered and accepted."<br><br>A vital signs report at 10:12 p.m., on 7/17/12 indicated blood pressure 104/58; respirations 18 per minute; pulse 100 per minute; temperature 98.9 degrees Fahrenheit, and oxygen saturation of 100%.<br><br>Progress Notes, dated 7/18/12, indicated the following:<br><br>at 2:55 a.m., "...ice packs applied to res for comfort, no s/s dehydration....<br><br>at 1:23 p.m., "...No s/s of dehydration noted. Encourage fluids and res accepted well...."<br><br>A vital signs report on 7/18/12 at 2:28 p.m., indicated, blood pressure 130/66; respirations 20 per minute; pulse 88 per minute; temperature 98.2 degrees Fahrenheit, and oxygen saturation of 97%.<br><br>at 6:34 p.m., "...No s&s of dehydration noted. Will continue to encourage fluids...."<br><br>Documentation on the Vital Signs Report and in Progress Notes failed to indicate | | | |

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| | the resident's vital signs, including temperature, were measured during the time of the air conditioner malfunction from 7/17/12 at 7:14 p.m., when ice packs were placed to cool the resident's body, until 7/18/12 at 2:28 p.m.<br><br>2. During interview on 7/18/12 at 7:20 p.m., Resident E indicated, "I almost had a heat stroke last night." She indicated staff "packed ice under my arms." She indicated she couldn't breathe, and "I didn't want to inhale, it was so hot and humid." At this time, the resident was observed to have oxygen by nasal cannula to the nose, and a plugged tracheostomy. At this time, Resident E's roommate entered the room and indicated it was "100 degrees in here last night - the thermometer in the hall said 89 or 90."<br><br>During interview on 7/18/12 at 8:10 p.m., LPN #5 indicated you felt like you couldn't get your breath anywhere in the building on the preceding evening.<br><br>The clinical record for Resident E was reviewed on 7/19/12 at 12:50 p.m. The record indicated the resident has diagnoses including, but not limited to, gastrointestinal bleed with duodenal ulcer status post EGD (Esophagogastroduodenoscopy), acute blood anemia requiring transfusion, polio | | | |

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| | with paraplegia, chronic tracheostomy, and hypertension. The resident had a history of pneumonia. A hospital Discharge Summary indicated the resident was discharged back to the facility on 7/9/12.<br>The only Progress Note for 7/17/12 was at 8:37 a.m., before the air conditioner malfunction.<br>The Progress Notes for 7/18/12 indicated the following:<br><br>at 3:32 a.m., "Res resting in bed. No s/s of dehydration noted. Encouraged fluids. res drank 120 cc of fluids. Resp [respirations] even and unlabored. HOB [head of bed] elevated per request d/t [due to] c/o [complaints of] SOA [short of air] when lying flat. No concerns noted."<br><br>at 3:53 p.m., "Extra fluids offered and encouraged to assure of adequate hydration. Skin turgor is good. HOB is elevated as resident c/o being SOA when lying flat. O2 [oxygen] on per n/c [nasal cannula]. No c/o respiratory distress at this time."<br><br>A vital signs report on 7/18/12 at 3:56 p.m., indicated the respirations were 19 and the oxygen saturation was 97%. No other vital signs, including the resident's temperature, were recorded for 7/17/12 or 7/18/12 when the air conditioner | | | |

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| | malfunctioned.<br><br>Upon request, documentation related to any vital signs measured for Residents C and E between 7/13/12 and 7/18/12 was provided on the conference room table on 7/20/12 at 9:15 a.m. Review of the vital signs reports indicated information as noted above.<br><br>The Interim Administrator provided the facility's binder related to emergency preparedness on 7/19/12 at 11:35 a.m. Review of the policy indicated in Section H, Loss of Utilities Action Plan: "...Heating and/or Cooling Failure: ...4. If temperature reaches 82 F or higher, the following precautions will be put into place: ...Provide ample cold fluids to residents; Assess residents for signs and symptoms of heat exhaustion/heat stroke such as headache, weakness, dizziness, nausea and vomiting."<br><br>On 7/23/12 at 9:30 a.m., on-line review at http://www.medicinenet.com/heat_stroke/article.htm indicated, "...Heat stroke is a form of hyperthermia, an abnormally elevated body temperature with accompanying physical symptoms...."<br><br>During the Exit Conference on 7/20/12 at 2:35 p.m., any additional information related to identified concerns, including | | | |

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| | assessment of residents, was requested, and none was provided.<br><br>This federal tag relates to Complaint IN00112646.<br><br>3.1-37(a) | | | |

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| F0328<br>SS=D | 483.25(k)<br>TREATMENT/CARE FOR SPECIAL NEEDS<br>The facility must ensure that residents receive proper treatment and care for the following special services:<br>Injections;<br>Parenteral and enteral fluids;<br>Colostomy, ureterostomy, or ileostomy care;<br>Tracheostomy care;<br>Tracheal suctioning;<br>Respiratory care;<br>Foot care; and<br>Prostheses.<br><br>Based on observations, interview, and record review, the facility failed to ensure oxygen therapy was initiated by licensed staff for 1 of 1 resident reviewed related to continuous oxygen administration in a sample of 9. (Resident C)<br><br>Findings include:<br><br>On 7/18/12 at 8:40 p.m., Resident C was observed during transfer from bed to wheel chair by Hoyer lift. CNA #12 and CNA #18 prepared the resident for transfer, including switching the resident's oxygen tubing from the oxygen concentrator to the portable oxygen tank. During interview at this time, CNA #18 was asked to check the level of oxygen in the tank. She indicated she did not know how to check the level, but it felt heavy, but she would add oxygen to be sure. CNA #12 indicated she would check the level in the tank, and lifted the tank by the | F0328 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?<br><br>·Resident C is receiving oxygen therapy by licensed staff per physician order.<br><br>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?<br><br>·All residents have the potential to be affected by the alleged deficient practice.<br>·All nursing personnel will be re-educated by DNS/Designee 8/14/12 on oxygen therapy.<br>·All licensed nursing staff will be re-educated 8/14/12 by DNS/Designee on their appropriate job descriptions, explaining their scope of duties.<br>·CNA assignment sheets will be | 08/17/2012 |

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| | strap to show the tank was full. The Director of Nursing was in the room, and she asked what level the oxygen was set on. CNA #12 indicated the level was on zero, since the portable tank was not in use at the moment. The Director of Nursing left the room. When the oxygen tubing was changed from the concentrator to the portable tank, CNA #12 indicated she was setting the level on 2. CNA #12 indicated to the resident, "You're on 2 liters - right, [name of Resident C]?" Resident C told CNA #12 she was on 3 liters of oxygen, and CNA #12 set the tank at 3 liters.<br><br>The clinical record for Resident C was reviewed on 7/19/12 at 12:45 p.m. The record indicated physician's orders for July 2012 including, but not limited to, an order originally dated 12/21/11, for oxygen by nasal cannula at 3 liters per minute.<br><br>A copy of the Certified Nursing Assistant Position Description was provided on 7/20/12 at 1:30 p.m. The description failed to indicate the CNA was responsible for setting oxygen levels on concentrators or portable tanks.<br><br>3.1-47(a)(6) | | updated stating aides are not to adjust oxygen liter flow at any time.<br>·DNS/Designee is responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br><br>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?<br><br>·All nursing personnel will be re-educated by DNS/Designee 8/14/12 on oxygen therapy.<br>·All licensed nursing staff will be re-educated 8/14/12 by DNS/Designee on their appropriate job descriptions, explaining their scope of duties.<br>·CNA assignment sheets will be updated stating aides are not to adjust oxygen liter flow at any time.<br>·DNS/Designee is responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br><br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? | |

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| | | | ·The CQI audit on oxygen therapy will be utilized weekly x 4, bi-weekly x 2 months, monthly x3, and quarterly thereafter for 2 consecutive quarters.<br>·Findings from the CQI process will be review monthly and an action plan will be implemented for thresholds below 95%. | |

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| F0514 SS=D | 483.75(l)(1)<br>RES<br>RECORDS-COMPLETE/ACCURATE/ACCESSIBLE<br>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.<br><br>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. | | | |
| | Based on observation, record review and interview, the facility failed to ensure documentation in the clinical record was complete and accurate for 2 of 5 residents whose records were reviewed for accuracy in a sample of 9. (Residents A and B)<br><br>Findings include:<br><br>1. On 7/18/12 at 8:15 p.m., LPN #11 was observed dressing a reddened area on the coccyx of Resident A. During interview at this time, LPN #11 indicated the area was not open, although it had been in the past. LPN #11 indicated she was placing an Allevyn dressing on the area for protection.<br><br>The clinical record for Resident A was reviewed on 7/20/12 at 10:30 a.m. The | F0514 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?<br><br>·Resident A continues to receive treatments as indicated by physician orders while in the building.<br>·Resident B continues to receive treatments as indicated by physician orders and any skin issue is documented with measurements and descriptions as they apply.<br><br>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?<br><br>·All residents have the potential | 08/17/2012 |

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| | record indicated the resident was transferred to the hospital on 7/1 and readmitted to the facility on 7/7/12.<br><br>The Observation Report for Admission/Readmission, dated 7/7/12, indicated the resident had "Discolorations - coccyx."<br><br>Documentation in Progress Notes and physician's orders failed to indicate an order related to a treatment to the coccyx until 7/10/12, when a physician's order was received for "Allevyn bandage to reddened area at coccyx." The Care Plan Update section of the Physician Telephone Order indicated, "Clarification."<br><br>The resident's Treatment Administration Record for July 1 through July 31, 2012, indicated with nurses' initials that the resident's Allevyn dressing was applied on the 3:00 p.m. to 11:00 p.m. shift on all dates from 7/1/12 through 7/19/12, including the dates the resident was in the hospital. The same Treatment Administration Record indicated with nurses' initials that the following treatment had been implemented on all three shifts for July 1 through July 19, 2012: "Keep right knee and lower leg elevated while abed to decrease edema r/t [related to] arthritic swelling and | | to be affect by the alleged deficient practice.<br>·Licensed nursing staff will be re-educated 8/14/12 by the DNS/Designee on the documentation guidelines policy and procedure. Documentation must be accurate, indicate location, and include a description of the skin issue.<br>·An audit of the treatment records was completed on or by 8/14/12 by DNS/Designee to ensure completion and accuracy.<br>·Treatment records will be checked daily to ensure completion and accuracy by DNS/Designee.<br>·DNS/Designee is responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br><br>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?<br><br>·Licensed nursing staff will be re-educated 8/14/12 by the DNS/Designee on the documentation guidelines policy and procedure. Documentation must be accurate, indicate location, and include a description of the skin issue.<br>·An audit of the treatment records was completed on or by 8/14/12 by DNS/Designee to | |

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| | inflammation."<br><br>During interview completed on 7/20/12 at 1:15 p.m., the Director of Nursing indicated she was unable to locate a physician's order for the dressing change prior to the clarification order on 7/10/12.<br><br>During interview on 7/20/12 at 2:20 p.m., in regard to the Treatment Administration Record indicating treatments were provided while the resident was hospitalized, the Director of Nursing indicated, "I think I know what happened."<br><br>2. On 7/20/12 at 12:25 p.m., LPN #11 was observed completing dressing changes to buttocks wounds of Resident B. LPN #11 indicated the physician had revised the orders related to the wounds, and this would be the first time the new orders were in effect.<br><br>The clinical record for Resident B was reviewed on 7/19/12 at 11:00 a.m. The record indicated the resident was readmitted from the hospital on 6/28/12.<br><br>A Physician's Telephone Order, dated 7/14/12, included, but was not limited to, "Cleanse O/A [open areas] to (B) [bilateral] buttocks [symbol for with] NS [normal saline] pat dry apply Bacitracin & | | ensure completion and accuracy.<br>·Treatment records will be checked daily to ensure completion and accuracy by DNS/Designee.<br>·DNS/Designee is responsible to ensure compliance.<br>·Non-compliance will result in further education including disciplinary actions.<br><br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?<br><br>·The CQI audit tool on MAR/TAR flow sheet will be utilized weekly x 4, bi-weekly x 2 months, monthly x3, and quarterly thereafter for 2 consecutive quarters.<br>·Findings from the CQI process will be review monthly and an action plan will be implemented for thresholds below 95%. | |

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| | cover with Allevyn QD [daily] & prn [as needed]."<br><br>Documentation in Progress Notes and Skin Integrity Events failed to indicate a description of the wounds identified on the Physician's Telephone Order on 7/14/12.<br><br>During interview completed on 7/20/12 at 1:15 p.m., the Assistant Director of Nursing indicated she had seen Resident B's wounds on 7/14/12, and the description was on the "Composite" records. She provided copies of three "Skin Integrity Events" indicating "Event Date" of 7/14/12 and "Completed Date" of 7/20/12 at 12:24 p.m., 12:26 p.m., and 12:29 p.m. and indicated the information was on the "Composite." The Skin Integrity Events were related to two wounds to the left buttock and one wound to the right buttock.<br><br>During interview completed on 7/20/12 at 1:20 p.m., the Interim Administrator provided copies of "Composite Report Pressure Wound Skin Evaluation Reports." The Interim Administrator indicated the documentation on the reports related to Resident B's wounds had been transcribed from other reports. At the end of the form was written, "Composite Wound report is a CQI | | | |

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| | [Continuous Quality Improvement] document for internal use only."<br><br>This federal tag relates to Complaint IN00112646.<br><br>3.1-50(a)(1)<br>3.1-50(a)(2) | | | |

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| | 155697 | A. BUILDING 00<br>B. WING | 07/20/2012 |

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| F0517 SS=E | 483.75(m)(1)<br>WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS<br>The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.<br>Based on observation, interview, and record review, the facility failed to ensure its Disaster Policy and Procedures related to an air conditioning outage were followed. The deficient practice affected 4 of 4 residents observed whose room temperatures were outside planned temperature parameters in a sample of 9. (Residents C, F, G, and H)<br><br>Findings include:<br><br>The Interim Administrator provided the facility's binder related to emergency preparedness on 7/19/12 at 11:35 a.m. Review of the policy indicated in Section H, Loss of Utilities Action Plan: "...Heating and/or Cooling Failure: ...7. Ambient air temperatures will be monitored and documented for various locations throughout the building such as dining areas, lounges and a sampling of resident rooms....3. [sic] If temperatures are not maintained between 71 - 81 degrees F, Maintenance Director will obtain alternate source of heating or cooling until repairs are complete. 4. If temperature reaches 82 F or higher, the | F0517 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?<br><br>· Resident C has been moved to a room that is within normal temperature range of 71-81 degrees.<br>· Resident F's PTAC unit has been repaired and is within normal temperature range of 71-81 degrees.<br>· Resident H's room is within normal temperature range of 71-81 degrees.<br>· Resident G's room is within normal temperature range of 71-81 degrees.<br><br>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?<br><br>· All residents have the potential to be affected by the alleged deficient practice.<br>· All staff in service will be held on 8/14/12 by ED/Designee to education staff on the disaster manual and locations of the manual in the event of a disaster.<br>· All PTAC units within the | 08/17/2012 |

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| | following precautions will be put into place: ...Provide ample cold fluids to residents...."<br><br>During interview on the Initial Tour on 7/18/12 at 4:35 p.m., the Interim Administrator indicated the facility recently had problems with the air conditioning system. She indicated the system had malfunctioned on Friday (7/13/12), was repaired on Saturday (7/14/12), but a power surge in the city on Tuesday morning (7/17/12) had caused another malfunction of the system. She indicated the facility's regular heating and cooling service provider, and another heating and cooling service provider, had repaired the system on Tuesday (7/17/12). The Interim Administrator indicated temperatures in the hallways were being tracked.<br><br>During interview on 7/18/12 at 7:00 p.m., the Interim Administrator indicated her goal temperature for all areas of the building was between 71 and 81 degrees Fahrenheit. She reiterated that logs were being maintained for temperature in the hallways<br><br>1. During observation in the Room of Resident F on 7/18/12 at 5:20 p.m., a temperature gauge reading indicated 85.9 degrees F when measured in the vicinity | | facility were checked on or by 8/13/12 to ensure proper functioning.<br>· All rooms within the facility were checked on or by 8/13/12 to ensure temperatures were within normal range of 71-81 degrees.<br>· Hot water pipes within the facility have been checked on or by 8/3/12 and all pipes indicating leaks have been repaired by 8/3/12.<br>· A temporary chiller unit will be delivered on or by 8/13/12 to ensure the temperatures within the building are between 71-81 degrees while the repairs to our existing chiller unit take place, ensuring our current system will permanently reach its maximum cooling potential.<br><br>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur?<br><br>· All PTAC units within the facility were checked on or by 8/13/12 to ensure proper functioning.<br>· All rooms within the facility were checked on or by 8/13/12 to ensure temperatures were within normal range of 71-81 degrees.<br>· All staff in service will be held on 8/14/12 by ED/Designee to education staff on the disaster manual and locations of the manual | |

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| | where Resident F was seated in his wheel chair near the PTAC [packaged terminal air conditioner] unit. No fan was observed in the room, and Resident F had no water cup or water pitcher nearby. Air was blowing from the PTAC unit, but the air did not feel cool to the touch. During interview at the time, Resident F indicated he had opened his windows earlier in the day to try to get some cool air, but "me and the lady that runs this place talked," and she told him to close the windows so the PTAC could cool the room. The resident indicated, "I'm sweating like a dog" and "It's too hot to sleep." He indicated the air coming from the air conditioning unit was not cool. The resident indicated he kept wiping his face with a wet wash cloth to keep cool, and he pointed to a wash cloth folded on the PTAC. The resident indicated he did not have water glass or water pitcher in his room. The resident indicated the pitcher and cup on the overbed table next to the roommate's bed belonged to the roommate.<br><br>At this time, the Interim Administrator entered the room and discussed the room temperature, lack of fan, and lack of ice water for Resident F. At this time, Resident F indicated he did not like the taste of the water at the facility. The Interim Administrator indicated the | | in the event of a disaster.<br>· Disaster manual will be reviewed and updated to ensure all policies and procedures are accurately followed in the event of a disaster. The policy will be monitored by the ED/Designee during the event of an air conditioning outage.<br>· Hot water pipes within the facility have been checked on or by 8/3/12 and all pipes indicating leaks have been repaired by 8/3/12.<br>· A temporary chiller unit will be delivered on or by 8/13/12 to ensure the temperatures within the building are between 71-81 degrees while the repairs to our existing chiller unit take place, ensuring our current system will permanently reach its maximum cooling potential.<br><br>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?<br><br>·Resident rooms on each hall and common areas will be checked by Maintenance/Designee daily to ensure temperature is maintained between 71-81 degrees.<br>·Maintenance Director/Designee will provide operation checks to the chiller | |

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| | facility did not have bottled water. Other fluids were not offered. The Interim Administrator left the room, and at 5:25 p.m., LPN #11 entered the room with ice water for Resident F's roommate, and the Interim Administrator entered with water for Resident F. The Maintenance Supervisor also entered the room, bringing a temperature gauge device, and he indicated the temperature was 88 degrees F. The Maintenance Supervisor checked the PTAC and indicated it "doesn't seem open - it's not clicking water through." The Maintenance Supervisor indicated the unit was not actually a PTAC, although staff tended to call it a PTAC, but the unit was part of the chiller system, which operates by chilled fluid flowing through the system, with controls room by room to adjust the temperature in residents' rooms. The Maintenance Supervisor obtained tools, removed the front of the air conditioning unit, made adjustments, and air cool to the touch began to flow from the unit. The Interim Administrator brought in and set up a fan in the resident's room.<br><br>2. During interview on 7/18/12 at 5:35 p.m., Resident C indicated her room was too hot for her to stay in. She indicated it was so hot the night before, she had to have ice placed on her body to stay cool. She indicated she has respiratory | | system to ensure proper functioning weekly x 4, bi-weekly x 2 months, monthly x3 and quarterly thereafter for 2 consecutive quarters.<br>·Maintenance Director/Designee will provide operation checks on the PTAC units in resident rooms to ensure proper functioning weekly x4, bi-weekly x2 month, monthly x3 and quarterly thereafter for 2 consecutive quarters.<br>·Maintenance Director/Designee will keep a temperature log to ensure the building is within normal temperature range weekly x4, bi-weekly x2 months, monthly x3 and quarterly thereafter for 2 consecutive quarters.<br>·The results of these audits will be reviewed by the CQI committee. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. | |

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| | problems, and the hot, humid air made it impossible for her to breathe easily and sleep. Two fans were observed blowing on the resident. The resident's family member was at the bedside and indicated he took a temperature reading in the resident's room last evening when he arrived at the facility. He indicated the room was 105 degrees. The resident and the family member indicated she was preparing for a move to another room which was cooler.<br><br>On 7/18/12 at 7:55 p.m., another interview was completed with Resident C. The resident indicated she was waiting for the aides to bring the Hoyer lift to transfer her to her wheel chair and take her bed to her cooler room. When CNA #12 entered with the lift, Resident C indicated she was "having trouble breathing," and she needed a breathing treatment before the move. LPN #29 entered the room to administer the treatment. The temperature in the room measured 87 degrees F.<br><br>On 7/18/12 at 8:40 p.m., Resident C was observed during transfer from bed to wheel chair by Hoyer lift. During the transfer, as the resident was lowered into the chair, the resident indicated, "I can't breathe. Let me breathe." The temperature in the room measured 86.6 | | | |

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| | degrees F. The resident was wheeled out of the room at least four hours after the initial plan for the move to a cooler location.<br><br>3. On 7/18/12 at 6:55 p.m., the temperature in the room of Residents G and H was measured at 86 degrees F. Resident G was observed in bed with privacy curtains partially closed around his bed. His eyes were closed, and his respirations were even. His supper tray was on his overbed table in front of him. At 7:05 p.m., the Maintenance Supervisor measured the temperature at 94 degrees F in the room. He indicated his high temperature measurement was related to the device taking a temperature reading from the floor of the room.<br><br>On 7/18/12 at 8:00 p.m., Resident H had returned to his room. He was seated in his wheel chair manipulating oxygen tubing for his nasal cannula. Resident H indicated, "It's pretty daggone hot - hotter than fire - in here." He indicated he had opened the window to get air. At this time, the Interim Administrator entered the room and offered to move Residents H and G to a cooler room, but both indicated they wanted to stay in their own room. Resident H said about Resident G, "He can take the heat better than I can." CNA #12 entered the room to remove | | | |

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| | Resident G's tray. She asked Resident G, "Are you hot, too?" She indicated he didn't eat much except his dessert for supper.<br><br>On 7/20/12 at 9:15 a.m., the Interim Administrator provided her file related to the repairs on the air conditioning and the logs of temperature checks in the building. The logs indicated the following:<br><br>Temperatures were measured in the hallways on each of the four facility halls, the shower room, dining room, and nurse's station on 7/17/12 at 6:30 p.m., 7:30 p.m., and 8:30 p.m. The temperatures in the hallways ranged between 84 and 100 degrees. No temperatures were measured in any residents' rooms on 7/17/12.<br><br>On 7/18/12, temperatures were measured in the hallways, dining room, 60 Hall Lounge, and 20 Hall Lounge at hourly intervals from 7:30 through 11:30 a.m. All temperatures were between 72 and 82 degrees F. Temperatures were measured in the hallways and 60 and 20 Hall Lounges at hourly intervals from 12:30 p.m. to 4:30 p.m. The temperatures ranged from 74 to 84 degrees F. No temperatures were measured in any residents' rooms on 7/18/12. | | | |

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| | During interview on 7/20/12 at 1:20 p.m., the Interim Administrator indicated no checks on room temperatures had been completed until after she was interviewed related to temperatures in residents' rooms.<br><br>This federal tag relates to Complaint IN00112646.<br><br>3.1-13(l) | | | |